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SOS  
610 N. Silver St  
Silver City, NM 88061  
  
575-958-6131  
575-958-6947  
  

Haley, Shelly

  
ID: 1000010733986 DOB: 4/17/1975  
**Treatment Plan (SOS)**

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023

10:48 PM

STATUS:

The undersigned clinician met with the patient (and family, as appropriate) on the date above in a face to face meeting to work with him/her in developing this Treatment Plan. Fair progress in reaching set goals and resolving this problem seemed apparent today. Recommend continuing the current interventions and short term goals. It is felt that more time is needed for the interventions to work.

BARRIERS

**Emotional problems interfere with treatment.**  
- Emotional problems will be dealt with via treatment plan.

STRENGTHS

Ms. Haley's strengths include:

**Behavioral**  
- Has no history of violence  
- Has no history of angry outbursts

**Cognitive**  
- Can make needs known

**Communicative**  
- When well, communicates in a satisfactory manner

**Family**  
- Patient has ability to use family support

**Motivation**  
- Motivation for treatment is good

**Physical**  
- Good medical care

**Relationship**  
- Appears to have healthy supportive relationships

**Social**  
- Interacts well with others

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